

<b>Case Number:</b>	CM15-0025402		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	08/30/2010
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41-year-old male, who sustained an industrial injury on August 30, 2010. The mechanism of injury is unknown. The diagnoses have included cervical spine disc disease, cervical spine radiculopathy, lumbar spine disc disease, lumbar spine radiculopathy, lumbar spine facet syndrome, chronic pain and internal medicine diagnosis. Treatment to date has included diagnostic studies, steroid injection, physical therapy, chiropractic treatment and medications. On December 9, 2014, the injured worker complained of cervical spine pain and lumbar spine pain rated as an 8 on a 1-10 pain scale. He described his cervical pain as sharp with radiation into the bilateral shoulders along with associated numbness and tingling sensation into the arms and hands. His lumbar spine pain was described as stabbing and burning with spasm. This pain radiated into the bilateral legs with associated numbness and tingling sensation into the feet. On January 9, 2015, Utilization Review non-certified refill Norco 10/325mg #90 and urine toxicology screen, noting the CA MTUS Guidelines. On February 10, 2015, the injured worker submitted an application for Independent Medical Review for review of refill Norco 10/325mg #90 and urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Refill Norco 10/325mg 1 TID #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case the worker had not returned to work and there was no documentation of any improvement in function or pain in response to opioids. There is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco.

**Urine Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 95.

**Decision rationale:** Frequent urine toxicology screens are appropriate to avoid misuse of opioid, particularly for those at high risk of abuse. However in this case, opioid treatment was not medically necessary. Therefore request for a urine toxicology screening is not necessary.